



# Medicaid in 2014

**Countdown to Coverage Webinar Series  
Medicaid 101  
June 7, 2013**

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Eligibility, Policy and Service Delivery**

# Purpose and Objectives

## Purpose:

This presentation is to review the impacts of the Affordable Care Act on Medicaid eligibility

## Objectives:

Upon completion of this presentation you will have an understanding of the major changes to Medicaid

# Medicaid in 2014 Overview

## Key Components

- MAGI Methodology
- Post-Eligibility Case Review
- Classic Medicaid

# ACA Impacts on Medicaid

- Created a new Medicaid eligibility group for adults
- Required the use of a new methodology to determine eligibility for children, pregnant women and family programs plus the new adult group
- Created a simplified application process including automated data-matching and real-time eligibility determinations

# New Adult Group

Effective January 1, 2014:

- For individuals between the age of 19 up to 65 previously not eligible for a Medicaid program
- Income below 138% FPL
- Not entitled to Medicare

# MAGI Methodology

Modified Adjusted Gross Income (MAGI)  
(for family, children, pregnant women and new adult group)

- No asset or resource limits
- One 5% income disregard across all programs

# MAGI Key Components

With a few exceptions, this new method to determine income and household composition follows federal tax filing rules:

- Income
- Tax Filing Units
- Citizenship/Immigration
  - Will continue use of existing Medicaid rules

# MAGI Key Components

## Change of Circumstances

- Continuous eligibility for pregnant women and children
- All other programs will have a \$150 reporting requirement

## Other (Residency, SSN, Incarceration)

- Will continue to follow current Medicaid rules

## Future Medicaid 101 Webinars (Part II & III)

- In depth review of the MAGI key components  
(Medicaid households and eligibility factors for 2014)



# Simplified Application Process

Family, children, pregnant women and new adult group:

- Eligibility determinations will be made through the Washington Healthplanfinder (WHPF) web portal
- Automated data-matching will be used to verify
  - SSN
  - Citizenship and immigration status
  - Income
- Real-time eligibility determination received after completion of an application and data-match through the new WHPF web portal



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# Conversion

## Auto-conversion:

- Medical Care Services (MCS)
- ADATSA
- Aged, blind or disabled

## Manual-conversion:

- Family, Children & Pregnant Women
  - Beginning with renewals with an end date of November 2013
  - Coverage must be renewed by submitting an application through the new Washington Healthplanfinder web portal at annual renewal

# Post-Eligibility Case Review

## Self-Attestation

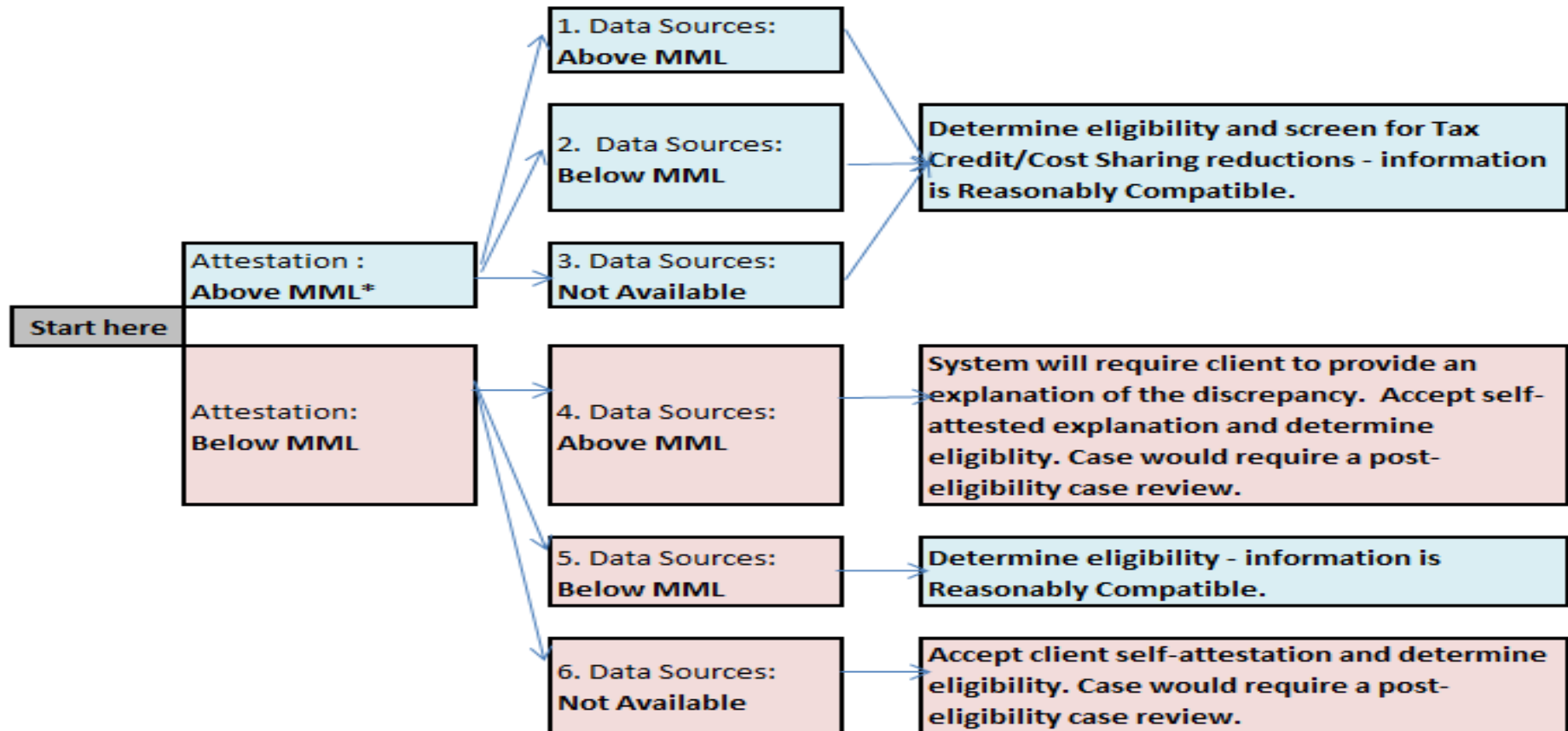
- Will be accepted at time of application and renewal
- Accepted when family's declared income is different than the automated data-match received using sources such as:
  - IRS Federal Data Hub
  - Employment Security Department (ESD)

# Post-Eligibility Case Review

## Reasonable Compatibility

- Method used to select cases for post-eligibility review
- Will be used when automated data-match shows family's income higher than the Medicaid standard and family declares income below the standard

# Reasonable Compatibility Model



\* MML = Maximum Medicaid Level

# Post-Eligibility Case Review Process

## Process

- Pull daily reports of cases that have been approved and found not reasonably compatible
- Reports to be worked by HCA eligibility staff

# Post-Eligibility Case Review Process

Eligibility staff will review all sources of verification available to confirm declared income including sources such as:

- ESD
- TALX (The Work Number)
- DSHS Social Services programs
- SSA



# Post-Eligibility Case Review Process

If staff are unable to verify declared income:

- Family is sent a request for verification letter
- Benefits continue during the post-verification process

# Post-Eligibility Case Review Process

If declared income is verified under the Medicaid standard:

- Medicaid coverage will continue

If declared income is verified above the Medicaid standard:

- Income information is updated in system

If not eligible for Medicaid:

- Family transitions to Health Insurance Premium Tax Credits (HIPTC) program
- Family is notified to complete process through WHPF

# Post-Eligibility Case Review Process

If no response is received

- Family will be sent a termination notice

# Classic Medicaid

The following programs do not follow MAGI methodology:

- Aged, blind or disabled individuals
- SSI cash recipients
- Foster Care children
- Long-term care and waived services

# Classic Medicaid

- No changes in eligibility for Classic Medicaid programs
- Eligibility for Classic Medicaid will continue to be managed by DSHS
- Eligibility determinations will continue to be determined in the ACES system
- Verification of income and resources will be required as it is today

# Medicaid in 2014 Resources

- **HCA Medicaid Expansion 2014 Website**

[www.hca.wa.gov/hcr/me](http://www.hca.wa.gov/hcr/me)

- **Contact Us**

[medicaidexpansion2014@hca.wa.gov](mailto:medicaidexpansion2014@hca.wa.gov)

# Question and Answer Session